



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ATLAS INJURY & REHAB
615 S ASTER STREET
PHARR TX 78577

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0232-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "filed w/in time limit."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided MMI and IR exams on 1/24/11 then billed Texas Mutual for this with code 99456WP. Texas Mutual received the bill 5/11/11. The 95th day from the date of service is 4/29/11 and for this reason Texas Mutual denied payment of the bill. The requestor in its DWC-60 packet submitted four pages of documents purported to substantiate it timely submitted the bill electronically to Texas Mutual. Texas Mutual's name is listed or written anywhere on these documents. How these can confirm the requestor's assertion is unknown. What is known is the date the exams were performed and the date Texas Mutual received the bill for these exams. The bill was late. No payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 24, 2011	99456WP	\$650.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers'

compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.027(a) states “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider’s right to reimbursement for that claim for payment.”
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272(b) states, “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider’s right to reimbursement for that claim for payment solely for failure to submit a timely claim if:
 - (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) An insurer that issues a policy of group accident and health insurance under which he injured employee is a covered insured;
 - (B) A health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) A workers’ compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
 - (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.
8. Texas Labor Code §408.0272(c) states, “Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider’s right to reimbursement for that claim if the provider fails to submit the claim to the correct workers’ compensation insurance carrier within 95 days after the date the provider is notified of the provider’s erroneous submission of the claim.
9. Texas Labor Code §408.0272(d) states, “Notwithstanding any other provision of this section or Section 408.027, the period for submitting a claim for payment may be extended by agreement of the parties.
10. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 3, 2011

 - CAC –18 – DUPLICATE CLAIM/SERVICE.
 - 224 – DUPLICATE CHARGE.

Explanation of benefits dated June 6, 2011

 - CAC –29 – THE TIME LIMIT FOR FILING HAS EXPIRED. PER TEXAS LABOR CODE 480.027, BILLS
 - 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05.

Explanation of benefits dated July 20, 2011

 - CAC –193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
 - CAC –29 – THE TIME LIMIT FO FILING HAS EXPIRED.
 - 724 – NO ADDITIONAL PAYMENT AFTER A RECONSIDERATION OF SERVICES. FOR INFORMATION CALL 1-800-937-6824.
 - 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code §408.027 and 28 Texas Administrative Code §102.4?
3. Did the requestor waive their right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Requestor states that the claim was filed with HealthSmart Benefit Solutions, Inc. on February 17, 2011, however, HealthSmart Benefit Solutions, Inc. does not meet the criteria of one of the entity types as described in Texas Labor Code §408.0272 . Therefore, Texas Labor Code §408.0272 does not apply to the service in dispute, for that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds one copy of a medical bill with printed date February 16, 2011, three copies of explanation of benefits dated, June 3, 2011, June 6, 2011 and July 20, 2011 and a facsimile submission summary showing claim was filed with, HealthSmart Benefit Solutions, Inc. on February 17, 2011. No documentation was found to sufficiently support that a medical bill was submitted to the correct insurance carrier within 95 days from the date the services were provided.
3. In accordance with Texas Labor Code §408.027, the Requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	January 18, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.